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THE BLIND DOCTOR OF
ROCANVILLE

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FOR THE BLIND

ROCANVILLE, SASK., is a village of 475 people, 13 miles from the Manitoba border on the Bulyea branch line that meanders across the prairie toward the Qu'Appelle Valley. At the station there are four grain elevators, an oil tank, a water tower and a memorial for the 1914-18 war dead. The train goes east once a day and west once a day, except on Sundays. Main Street is 90 feet wide—there is land to spare here—and all the shops and offices are on it. Some of the side streets are lined with poplar, birch and scrub oak, the neat small houses set back from the wide streets. The prairie licks close to the flat little settlement.

Dr. Roy C. Merifield returned here at 45 years of age 10 years ago on a stormy winter day from the hospital in Moosomin, knowing he was broke and going blind. He had practiced in the village for only 18 months previously. He had a wife and a young daughter. The future looked as dark as the dimming light of his eyes.

Today, totally blind, remembered months of despair behind him, Dr. Merifield has a successful medical practice, lives a useful, busy life, solidly built on a foundation of sheer guts.

It is a life of normal pursuits and normal worries, the later accented, however, by ever-present darkness. There are people on the town and municipal councils who speak against him because he is blind and who would like to get in a doctor who can see. There are grocery bills. There are dreams at night of golden fields swaying to the prairie winds, or of operations when the keenness of eye and hand are of paramount importance. And there are dark awakenings. There are, too, afternoon hours when the feet itch for the open road and the mind turns to escapades of other days, but darkness walls you in. Then there is nothing but the quiet, empty office and ears painfully keen, waiting for a diversion heralded by footsteps or the ring of a telephone. But these are things blind Dr. Merifield would speak about seldom, if at all.

The small, old house—modern and pleasant inside—stands on a quiet street, beneath evergreens and oaks. You turn in at a well-cleared walk—the doctor shovels the snow daily for exercise—and ring at the side door marked "Dr. R. C. Merifield."

The doctor himself comes to let you in. He is a small man, five foot four, 135 pounds, with grey hair waving off a broad forehead, good big nose adding character to his face, blue eyes brooding over your shoulder. If you are an old patient or a friend he knows you practically before you speak. "I think your other senses quicken when you lose one," he'll explain.

His voice is firm, friendly, confident. The sort of a voice we've come to expect from a man to whom we go with our fears and troubles. The small sitting room and adjoining office have an immaculate, reassuring look.

One ordinary day, into the office and out, came these following people.

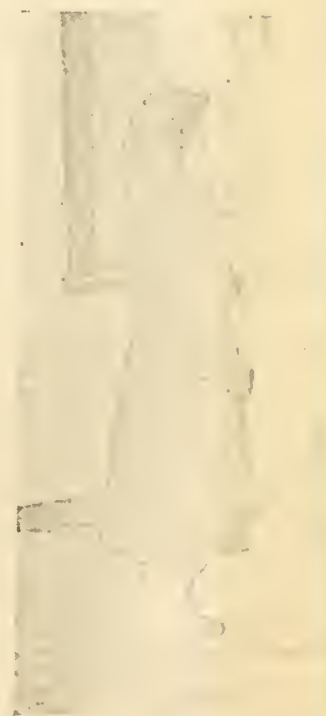


The "little doc" sees a lot with his fingers. "It's like being a detecti

The Blind Doctor of Rocanville

By EVA-LIS WUORIO

PHOTOS BY H. M. SALISBURY



Mrs. Hodgins (two child

Dwarfed by elevators on Rocanville's wide-open Main Street, Mrs. Merifield gu

A South African War veteran suffering from
Buerger's disease. The doctor eased his tight worry
by saying mildly that he was in very good company.
It was the King's illness too. "Why," the doctor
said, "I was the first one to diagnose the King's
trouble. We were sitting in John Anderson's
kitchen after dinner. When the news of his illness
came over the radio John said, 'What do you
suppose it is, phlebitis?' I said it sounded more
like an arterial rather than a venous trouble and
probably Buerger's."

The elderly patient relaxed with the story. He
reported that the alpha

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Using his wife's eyes, his
own courage, Roy Merifield
sticks to his guns as "the
doc" in this tiny prairie town

tocopherol (vitamin E) treatment Dr.
Merifield had put him on made him
feel much better.

Then, in quick succession, two
young women for prenatal examina-
tion, on routine visits. Up and down
the countryside the doctor's reputation
in obstetrical cases is sky-high. One
woman said, her smile barely disguising
the sharp edge of truth, "Perhaps we
like him just *because* he can't see."
Merifield says, "Delivery is so much a
matter of touch, even in an instrument
case, that it's not surprising one can
still do it."

Later in the afternoon a French-
Canadian woman for a check on her
anaemia and hypertension. "It just
makes me feel good to talk with the
doctor regularly," she confided.

There has been a peculiar flu pre-
valent in the district this winter which
leaves the patient dizzy for quite some
time afterward. Dr. Merifield diagnosed
the trouble as due to disturbance of the
function of the balancing organ in the
inner ear. Fred Davis, principal of
Spy Hill school, came 20 miles to
consult the doctor about that.

Around 10 p.m., Dalton Strong
arrived to ask the doctor to come to
visit his 91-year-old mother. The old
lady had just got back from a visit to
Kingston, Ont., and had been, it
seems, suffering most of all from acute
homesickness. She wouldn't eat
anything and seemed terrified of all
strangers. All she wanted was to stay
home on the prairies she knew.

"If you'll just come and see her,"
Strong asked the doctor, "she'd take
something from you."

"All right, I'll come along," the
doctor said.

Mrs. Merifield, a slight, grey-haired
little woman, with bird-quick manner,
checked on the doctor's case and got on
her overshoes, coat and scarf. The

doctor went firmly to the cupboard and
got into his coat and checked cap. He
followed Mrs. Merifield out of the door
and slipped his hand under her elbow.
Strong had left the engine of his car
running. It was 20 below that night.

The Strong's live in the old school

building, partitioned to make rooms
for the big family. The doctor, his
hand under his wife's arm, came at a
crisp, quick walk across the snowy
road, up the steps. The sick old woman
was moaning in one of the rooms.

Dr. and Mrs. Merifield went in to
see her. Mrs. Merifield reported on the
count when the doctor checked on the
blood pressure. He listened to her
heart, talked to her soothingly, finally
gave her a sedative hypodermically.
She was much quieter when he left.

"I Check, and Recheck"

There are other cases Dr. Merifield
handles as a matter of course: they
include anaemias, hypertensions, diges-
tive disturbances, appendicitis, gall
bladder, gallstones, ulcers of stomach
or duodenum, and cancer.

"After all," the doctor says, "it is not
very different diagnosing without eyes.
Dr. William Goldie, associate professor
of medicine at Toronto, used to tell
us 30 years ago that 70% of the points
of evidence upon which a diagnosis is
based comes from the patient's history.
About 20% from a physical examina-
tion in which most information comes
from auscultation (listening with aetho-
scope), palpitation (sense of touch),
and even from olfactory (sense of
smell). Why, on occasions I've diag-
nosed diphtheria and some other things
from my attention being attracted by
the characteristic smell.

"The final 10% comes from X-ray
and laboratory reports. Of course,

even sighted doctors obtain these from
technicians usually.

"The only part in all the foregoing
where I am handicapped is the part
of the physical examination which
depends upon sight. I get this informa-
tion from my nurse.

"In maternity cases one's difficulties
are greatest before the baby arrives.
Here again it is examination and
manipulation with the gloved hand,
where touch is the only sense one can
bring into play at this stage. The secret
of any success I may have had is in the
fact that I never leave a maternity case
once labor has started. And, in other
cases, I try to do every bit of work just
as carefully as possible. I have to
check and recheck. I cannot take as
great a chance as the sighted doctor,
for the public is naturally afraid that

the blind person may make a mistake."

I met Mrs. Gordon Hodgins the
next day. Gordon edits the Rocanville
Record (circulation 580) and runs a
print shop as his father did before him
on Main Street. He's a young, blunt
guy.

"Sure," he said, "the wife's a patient
of the little doc's. She went down to
the Grey Nuns' Hospital in Regina at
the doc's suggestion. At the Medical
Arts Clinic a Dr. Smith examined her.
Gallstones, he reported—just like the
little doc said. 'Not bad for a blind
man,' the wife commented. That
threw them. 'You don't mean to say
you were diagnosed by a blind doctor,'
they all said, down there in the city."

"That's the way it was," Mrs.
Hodgins said. "The doc's a wonder on
diagnosing. Doesn't often happen he's
wrong."

Gordon spoke sharply. "There are
some of the people in this town who
have it in for him. Because he's blind,
see. But let them have a twinge of pain

and they are right there screaming for him. And he's right there to help them."

"I've had him for both of my children," Mrs. Hodgins said. "And Patsy was an instrument case, too. I'd have him again."

"Hold on there," Gordon said, grinning at her.

Some Won't Help Out

"The thing I like, too," Mrs. Hodgins added, "is that he tells you to go to other doctors. He hasn't a bad word for anybody."

Gordon came in again. "He gets his own mail. You ought to see him, feeling his way by the wicket to his box, working the combination. Sometimes he stops to talk to you on Main Street (in the summer he gets around more, with his cane, see, winters are more difficult), and he'll take out his watch. Not a Braille watch, just ordinary, with the glass taken off so he can feel the numbers. And he'll say, 'Time for me to be going now.'"

"His worst difficulty is crossing the street. Someone will shout 'Hi, Doc,' and he'll turn to greet them, and lose his direction. There are some in this town that'll just stand and watch him then. And some that'll call out, 'Just a little left, Doc,' or, 'Just a little to the right.'"

"Mrs. Merifield, now," Mrs. Hodgins said, "she's fine. She'll try to make him help himself instead of doing everything for him, and her heart in her eyes, so you can see it plain. No fuss at all from her."

"We're lucky to have him," Gordon ended definitely, "and no mistake. This district's too small for a young man, and no hospital. They like to have hospitals. There are people who've tried to get him out, and perhaps one of these days they'll succeed but then they'll find themselves with no doctor at all."

"I'll have him anytime," Mrs. Hodgins repeated, and looked with a smile at Gordon.

Though Mrs. Merifield has had no training as a nurse she always wanted to train for it. Her two sisters were nurses. To help Roy Merifield get through his medical schooling after the 1914-18 war she worked in a nurse's office. It came as good experience later.

Besides always going on cases, Mrs. Merifield (who is a little deaf, so that where she serves as her husband's eyes he lends his ears to her) also helps in public health work, such as immunization. She accompanies the doctor to schools and loads hypos for the shots. Babies and children under school age get their inoculations during summer months: the district is immunization

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conscious. She does the doctor's blood-count examinations, all the dressings, and at times has even sutured wounds.

Roy Merifield was born in Ottawa. Many of his mother's relatives were doctors and he can't remember back to a time when he didn't know he was going to be one, too. He took his B.A. course at Victoria College in Toronto, one year behind Sir Frederick Banting with whom he belonged to a students' dinner club.

During World War I he enlisted in the Royal Flying Corps but didn't get overseas. He got married during that period. When he resumed his medical course, Mrs. Merifield helped him get through by working in the winters while he went on construction jobs in the summers. He graduated in 1922.

By this time his family and his wife's family were living at Prince Albert, Sask., and he took a practice in the village of Kinistino, 45 miles east from Prince Albert.

"Those were the days when I worked hard, walked fast, drove fast, lived hard. It seemed to me I had boundless, endless energy," he recalls.

They were still the roosting, rocking years of the young West and Roy Merifield found them to his liking. He turned down an offer from a Californian hospital in the 20's, for he was doing well and loving the wild, free life.

So, with heavy drinking, long hours, northland journeys, and much work, the Roaring Twenties changed to the Hungry Thirties. And finally, in 1936, the Merifields moved to Rocanville.

In 1939, when he was 45, Dr. Merifield found he was losing his vision. For about eight years more he could see faint shapes and light and darkness. Two years ago he went completely blind.

He speaks of those years now calmly, though in strong words. "It was still depression when I lost my sight. Like most country doctors I had no ready cash. Those were the years your accounts only figured in your books."

"I think that sometimes, then, as I sat in my office, day after day, with not a patient coming in, misty shapes wavering before my eyes—I could easily have killed myself."

"But there were my wife and my daughter. I would go home after an empty day, wondering how long my wife could carry on with no money coming in. There were nightmares at night and worrying by day."

He Won't Be Pushed Around

"And then, so gradually you couldn't put your finger on it, but it must have been after two years of great anguish, my practice began to improve. I brought my office home. My wife was there to help me. She was present on every call. She drove me night and day, winter and summer, whenever I had to go to see a patient. She even came on cutter trips over roads that were impassable by car."

First hope, after the two dreadful years, was fostered by the fact that Merifield learned to type. It was a new skill, learned on a borrowed machine from a book of instruction, but it gave him confidence. Winter evenings passed more quickly now, his fingers grew firm and sure.

Then, too, R. W. Beath, of the Institute for the Blind in Regina, hearing of Dr. Merifield, put the services of the Institute at his disposal. Now again there were new opportunities.

Geraldine McEwen, blind music teacher in Winnipeg, lent the doctor a book of instruction in Braille. The doctor learned it alone, now spends time each evening reading. There is medical news as well as entertainment in Braille—a constant joy to him. His wife reads for him the additional information on new finds in medicine that would help and interest him.

That turning-point year of 1941, when Dr. Merifield moved his office from the town building to his home, learned to type and read Braille, heralded brighter times. Patients came back. Young daughter Betty was able to go to the University of Manitoba and later to take an additional course in social science. (She's now a social service worker in Winnipeg.)

Forced to move from a rented house, the doctor bought a lovely, little old one and renovated it into a comfortable, pleasant home. He bought a car. He keeps the drive shoveled, and old Archie Black keeps the garden in flowers throughout the summer months. The doorbell rings constantly now.

It's a success story all right.

It's the story of a man who did not want charity.

"You must carry on," Dr. Merifield will say conversationally, and there's the bugle call of a motto that should be

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embossed on the Merifield family crest.

"I'd like others to know it's possible to carry on," he says. "Under any circumstances."

Within their rights, some villagers—a few members of the town council, the village manufacturer of oil cans—speak against him, advertise for a young, seeing doctor. Merifield says, "I'll leave, of course, and let him take over when he comes. But I'll stick here until they get one."

And, meanwhile, Billy Conner comes for his cough, a mother from Manitoba across the provincial border brings in a seven-year-old son who won't talk, a farmer's wife comes in with a tumor, and the doctor sends an appendicitis case to a hospital in Moosomin or Regina.

"I won't worry about it," the doctor says, "but I won't be stepped on either. I'm too stubborn to walk out while there are loyal patients. Also, you see, I must—and am—earning my living."

"Regardless of who is right, the main thing which I'd like to say to all blind folks is that even a blind person need never be pushed around if he decides to be like other human beings." ★



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